

# **Riverview Psychiatric Center (RPC) Psychology Internship Program**



**Internship Handbook  
2021-2022**

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## **ACCREDITATION STATUS**

RPC's Internship Program is not currently accredited by the American Psychological Association (APA). Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

[Office of Program Consultation and Accreditation](#)

*American Psychological Association*

*750 1st Street, NE, Washington, DC 20002*

*Phone: (202) 336-5979*

*Email: [apaaccred@apa.org](mailto:apaaccred@apa.org)*

## **ASSOCIATION OF PSYCHOLOGY POSTDOCTORAL INTERNSHIP CENTERS (APPIC) MEMBERSHIP STATUS**

RPC is a participating member of APPIC.

## **DIVERSITY AND NONDISCRIMINATION STATEMENT**

The Maine State Government is an Equal Opportunity/Affirmative Action employer – diverse candidates are encouraged to apply. We provide reasonable accommodations to qualified individuals with disabilities upon request. The RPC Psychology Department is committed to ensuring diversity. We seek candidates representing different theoretical orientations, geographic areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences.

Consideration is given to applicants who identify themselves as veterans; as members of historically underrepresented groups on the basis of racial or ethnic status; as representing diversity on the basis of sexual orientation; or as representing diversity on the basis of disability status. These factors may be indicated on their application.

## **FACILITY AND SETTING**

Riverview Psychiatric Center (RPC), located in historic Augusta Maine, is a state psychiatric hospital that serves patients who are under civil commitment and forensic patients referred by the criminal justice system. RPC offers a rich psychology training opportunity steeped in a 168 year history of psychiatric care. RPC, in collaboration with the community, is a center for best practice treatment, education, and research for individuals with serious and persistent mental illness and co-occurring substance use disorders. In addition to the 92 bed inpatient facility RPC operates a forensic-Outpatient Services (OPS) team.

Opened in 2004, RPC is a modern state-of-the-art building that supports patient autonomy as well as recovery-focused treatment. RPC has been held as a model for other psychiatric hospitals in successful reduction of seclusion and restraint measures, for becoming tobacco free, and for our active group treatment program known as the "Treatment Mall." As part of its commitment to reducing the use of seclusion and restraints, RPC emphasizes proactive and innovative approaches that include identifying early stages of agitation and utilizing de-escalation tools. The multi-sensory rooms and therapeutic Treatment Mall activities help patients alleviate distress, promote relaxation, and assist with re-establishing autonomy and independent functioning. RPC's goal is to be a center of excellence in treatment and staff education. RPC's Treatment Mall offers a variety of evidence-based practices such as CBT and DBT group treatment, mindfulness practices, pet therapy, therapeutic art and music programming, as well as a variety of recovery oriented activities.

RPC's grounds are well manicured and offer a pleasant view of the Kennebec River. The hospital is centrally located between beautiful ski resorts to the west, and the Atlantic Ocean to the east. Maine offers four seasons of recreational activities. RPC is a one hour drive from Portland and 30 minutes from beautiful coastal villages. There are abundant seasonal activities for the outdoor enthusiast.

### **MISSION STATEMENT FOR THE RPC PSYCHOLOGY DEPARTMENT**

The Psychology Department's mission is to provide the highest quality, goal-oriented therapy and testing services to persons with severe mental illness and co-occurring (substance abuse) disorders. Services are based upon assessment of patient's needs relative to their functioning. Specifically, we offer services such as individual therapy, group therapy, psychological testing, neuropsychological testing, behavioral/functional assessment, risk assessment, and consultative services. The Department works in partnership with other disciplines and departments within the hospital, ensuring improvement of its services by continuously evaluating effectiveness.

#### **Beliefs and Values**

- Self-determination.
- Dignity and worth of every individual.
- Optimism and hope.
- Capacity of every individual to learn and grow.

#### **Goals and Aspirations**

- Assist patients in developing/maintaining the skills needed to achieve the goal of living and/or working in the community of their choice.
- Strive for individualized recovery for all patients.
- Provide supportive engagement and a positive introduction to the process of therapy.
- Increase awareness of patient's individual strengths and weaknesses through formal testing procedures.

### **MISSION STATEMENT FOR THE RPC PSYCHOLOGY INTERNSHIP**

The Psychology Internship Program offered by the Department of Psychology at RPC is located in the state capitol, Augusta, Maine. The program is designed to provide an intensive professional training experience in acute and chronic inpatient psychiatric care, consultation services, and community re-entry programs. The primary goal of the internship is to help develop competent and skilled clinical psychologists. RPC's internship standards are based on APA and APPIC policies and guidelines. Major rotations for all interns include a six-month civil rotation on the Kennebec Units and a six-month forensic rotation; concurrent with and at times built into these major rotations is a year-long assessment rotation. All interns will gain experience with: acute inpatient psychiatry, psychological assessment and consultation, forensic assessment and treatment, group psychotherapy, and individual psychotherapy. Interns work with senior psychology staff as part of multidisciplinary teams on treatment units and as full colleagues in the professional activities of the department. Interns are exposed to a comprehensive treatment model, and will collaborate with medical doctors, psychiatrists, social workers, nurses, in addition to psychologists. The internship is individualized to meet the needs and skills of each intern and

offers options that may include a rotation on the forensic-Outpatient Services (OPS) team.

RPC's training program is based on a rigorous practitioner-scholar model. Interns begin with significant hospital and Psychology Department support in their patient-milieu treatment interactions and co-facilitate groups with licensed clinicians. They are introduced to treatment planning and goal identification and administer brief cognitive screens. Their skills are expected to progress gradually over the year. Students eventually develop and facilitate a treatment group and complete comprehensive psychological, neuropsychological, and risk assessments using a flexible battery of test measures and data. Interns are required to complete a minimum of one presentation at our hospital-wide case conference on a topic of their choice relevant to staff development, enhancing their skill in tailoring material to a multidisciplinary audience. In addition, our interns are able to present psychology-related topics during our New Employee Orientation training.

## **ORGANIZATION AND TRAINING STAFF**

### *Director of Psychology*

In his or her role as director of psychology, he or she works collaboratively with hospital executive leadership, department heads, medical doctors, and other administrative officers to ensure the expectations and quality of the department are compatible with those of the institution as a whole. He or she sets the standards for psychological treatment, contributing to the development of hospital-wide treatment policies, for patients with severe and persistent mental illness.

### *Training Director*

As training director, he or she oversees treatment planning and supervision of the psychology internship program, facilitating administrative and assessment supervision with the psychology interns, didactic trainings, and assisting with complex case formulation.

### *Unit Psychologists*

The Psychology Department presently consists of one full-time psychologist for each of the four units within the hospital: Upper Saco, (forensic), Lower Saco (forensic), Upper Kennebec (civil), and Lower Kennebec (civil). Psychologists are on duty from 8:00 a.m. to 4:30 p.m. Monday through Friday.

### *Co-Occurring Services*

RPC has a full-time substance abuse specialist who offers co-occurring treatment services and consults with the Psychology Department and the treatment teams on a daily basis. The co-occurring specialist serves the hospital Monday through Friday from 8:00 a.m. to 4:30 p.m.

### *Two Psychology Interns*

The 12-month internship is divided into two six-month major rotations concurrent with a one year assessment rotation. Rotations consist of a six-month assignment on either the Saco forensic or Kennebec civil units. The psychological assessment rotation includes patients on both units and may include patients in the forensic Outpatient Services (OPS) program. At least 25% of the intern's time is spent in face-to-face interactions with patients. Interns are on site Monday through Friday from 8:00 a.m. to 4:30 p.m.

### *Postdoctoral Fellows*

Postdoctoral fellows complete a 12-month assignment consisting of approximately 2,000 hours. (minus holidays). Postdoctoral fellows are expected to attend at least two hours of supervision per week, ongoing training, and provide doctoral level psychological services throughout the hospital. These services include the facilitation of Treatment Mall groups, research, clinical assessment, staff education, and consultation. Postdoctoral fellows are on site Monday through Friday from 8:00 a.m. to 4:30 p.m.

### *RPC PSYCHOLOGY STAFF*

Lorraine Zamudio, Psy.D.,

#### *Director of Psychology*

Licensed Psychologist, Psy.D. Spaulding University, B.A. University of Louisville. Psychology internship at the Department of Juvenile Justice in Louisville, KY. Her clinical interests include forensic psychology, severe and persistent mental illness, competency restoration, complex cases with multiple confounding variables, critical incident debriefing, and learning disabilities.

Michael Broderick, Ph.D.

#### *Training Director*

Licensed Psychologist, Ph.D. Long Island University, Brooklyn, NY. Predoctoral internship at Roosevelt Hospital, NYC, and postdoctoral training at Harlem Hospital, NYC. His clinical interests include the nature and impact of language, linguistics, and semiotics in therapy and in the supervisory process.

Deborah Rosch-Eifert, Ph.D.

#### *Psychologist III, OPS*

Licensed Psychologist in Maine and Ohio. M.A. and Ph.D. from Kent State University, Kent, Ohio. Dr. Rosch Eifert has worked in inpatient hospital settings, outpatient clinics, community mental health agencies and in a private practice. Dr. Rosch Eifert has published several journal include early trauma and dissociative disorders/personality disorders, eating disorder and body image issues, psychological assessment and existential, cognitive and ACT therapy. She also specializes in cross-cultural psychology and sexual identity. In addition to being the psychologist for the acute forensic unit; she was hired by RPC to strengthen the multicultural programming within the psychology department and the hospital.

Tatiana Gregor, Ed.D.

#### *Psychologist III, Upper Kennebec/Civil*

Licensed Psychologist, Ed.D. from Rutgers University, B.A. from Dartmouth College. Her clinical interests include individual and group cognitive and meta-cognitive therapy for serious mental illness.

Nancy Slobodnik, Ph.D.

#### *Psychologist III, Upper Kennebec/Civil*

Nancy Slobodnik earned a Ph.D. in counseling psychology from Seton Hall University in 1996. Her training was grounded in humanistic, psychodynamic and psychological skills training

modalities. She has worked with children, families and adults in mental health, educational and medical settings for about 27 years and recently started working half-time at RPC. Her primary focus is short-term individual therapy that identifies emotions, goals, problems, or perceptions to which clients are motivated to bring new meaning and responses.

Jason Grundstrom-Whitney, LADC, LSW

*Co-occurring Disorders Counselor*

Obtained a B.A. in Social Work from University of Southern Maine. Duties include completing substance abuse assessments, providing individual and group counseling inclusive of CBT, DBT, Motivational Interviewing, 12-step, relapse prevention, Medical Qigong, Mindfulness, Native American Medicine Wheel, Meditation, Yoga Philosophy, Buddhism, Tai Chi, and Taoist philosophy.

Laura Dewhirst, PsyD

*Post-Doctoral Fellow, Upper Saco, Forensics*

PsyD/MA Pacific University, Oregon; BLA University of Massachusetts, Lowell. Dr. Dewhirst focused her pre-doctoral training on the treatment of schizophrenia spectrum disorders and psychosis. She has worked primarily in inpatient-forensic settings and has served persons committed as Mentally Ill & Dangerous, Incompetent to Stand Trial, and Not Criminally Responsible; she also has experience with community forensic assessment. Secondary clinical focuses include sexuality, sexual offending/problematic sexual behavior, intersectionality, power, and trauma. Dr. Dewhirst views therapy as a collaborative process and utilizes a variety of interventions to reach a person's individual recovery goals, including positive psychology, neurobiological psychoeducation, cognitive behavioral therapy for psychosis (CBT-p), and process-oriented interventions. Good Lives Model of Offender Rehabilitation and Safe Offender Strategies (SOS) are utilized for the treatment of sexual offending.

*Consultative Staff*

Robert Riley, Psy.D., ABPP-CN

*Consultant Neuropsychologist for RPC and State Forensic Services*

Dr. Riley has 20 years of experience in the field of neuropsychology, and is available to provide neuro-psychological assessment and consultation services for conditions including traumatic brain injury, stroke, multiple sclerosis, dementia, toxic conditions, and other conditions which may directly affect brain functioning. He has experience providing services in acute brain trauma centers, rehabilitation hospitals, general medical hospitals, nursing home facilities, outpatient clinics, inpatient psychiatry wards, forensic psychiatric units, jails and prisons, university clinics, and community mental health centers. He has also provided expert testimony in both civil and criminal cases.

## **PROGRAM STRUCTURE AND INTERN EXPERIENCE July 7<sup>th</sup> 2021-2022**

The RPC internship offers a one-year, full-time internship beginning and ending in July of each year. The start date for the 2021-2022 cohort is July 7, 2021. Interns work from 8:00 a.m. to 4:30 p.m., Monday through Friday. The year-long internship is divided into two six-month major rotations and a concurrent yearlong assessment rotation. One of the major rotations is on one of the two civil inpatient units and the other is on one of the two forensic inpatient units. The psychological assessment rotation will include patients throughout the hospital and patients in the



OPS program. Interns can expect to exceed the minimum requirement of at least 25% of their time being spent in direct service contact with patients and participate in approximately 10-15 hours of face-to-face patient care every week. This includes group and individual treatment, as well as psychological assessment

## **REQUIRED ROTATIONS**

### *Kennebec –Civil Inpatient Psychiatric Units*

The Kennebec Units (Lower and Upper) serve patients with a variety of severe and persistent mental illness and co-occurring disorders. Lower Kennebec is an acute civil admissions unit with 24 beds for individuals who are civilly committed. Lower Kennebec has a six-bed Special Care Unit (SCU) for patients who are behaviorally dysregulated and/or require a higher level of care. Patients often have intermittent histories of relative stability in the community followed by destabilization and a need for behavioral treatment and medication adjustments. Lower Kennebec serves individuals with a wide range of disorders and histories of hospitalization. In addition to schizophrenia, anxiety, and mood disorders, patients may present with disorders with significantly lower prevalence rates, such as early onset frontotemporal dementia, Ganser Syndrome, and neurosyphilis. Upper Kennebec is a 24-bed unit for patients who have stabilized and are working towards community re-integration. With this focus in mind, patients are often involved in activities that may involve off hospital grounds passes into the community, job assistance, and housing meetings. Patients residing on Upper Kennebec are at RPC for an average of three to six months.

During their Kennebec rotation, interns are assigned to work with selected patients as part of a multidisciplinary team. Interns conduct clinical interviews, develop case conceptualizations, and identify differential diagnostic issues. Interns develop treatment plans, provide individual and group therapies, attend patient treatment team meetings, and consult with the treatment team about patient evaluation and progress. They are expected to develop and document behavioral treatment goals and outcome measures. Interns generally work with their assigned patients until the patients discharge into the community. Interns are expected to provide psychological consultation in discharge planning and care coordination in conjunction with social work. Interns attend daily on-unit morning report meetings and weekly patient community meetings. Interns also participate in on-unit crisis events in order to observe, provide support, and participate in debriefings for staff and patients.

### *Saco- Forensic Inpatient Psychiatric Units*

Lower Saco is a 20-bed acute care unit that serves forensic patients who are remanded to RPC through the criminal justice system. Patients on this unit are referred for evaluation or assessment of competence to stand trial, restoration to competency (or related competency issues), or have been found Not Criminally Responsible (NCR). In addition, RPC admits patients who become de-stabilized while incarcerated and need psychiatric or psychological interventions. Lower Saco has a 6 bed Special Care Unit that serves patients who are behaviorally dysregulated and/or who are in need of a higher level of care. Upper Saco is a 24-bed unit designed for long-term, stabilized, forensic patients who are working towards discharge. Many patients on this unit have been deemed NCR by the court system and have been placed at RPC for treatment, stabilization, and risk management. Patients on this unit work towards discharge to the community under the supervision and care of the forensic-Outpatient Services (OPS) team.

During their Saco unit rotation, interns will be assigned to work with selected patients as part of the multidisciplinary team. Interns will conduct clinical interviews, develop case conceptualizations, and identify differential diagnostic issues. They will develop treatment plans, provide individual therapy, attend patient treatment team meetings, and consult with the team regarding patient evaluation and progress. They will be expected to develop and document behavioral treatment goals and outcome measures. Interns will follow their assigned patients through the discharge process (if applicable), and recommend further treatment as indicated and in collaboration with the assigned unit social worker. Interns will co-facilitate a competency restoration group (IST) and participate in risk assessment evaluations. As a member of the unit-based treatment team, they will attend morning rounds, community meetings, respond to on-unit crisis events (to observe and provide support), and participate in debriefings for staff and patients.

### *Psychological Assessments*

Each intern will complete a minimum of ten psychological assessments during the internship year. The director of psychology will assign referrals to the intern and assign a senior staff person to supervise. In consultation with the supervisor of the assessment, the intern will clarify the referral question(s), conduct psychological interviews, select assessment instruments, administer assessments, and write an integrated report. Interns will also provide verbal feedback to the treatment team and the patient. Assessment will be assigned to give the intern a broad range of experience with various referral questions.

## **SPECIALIZED OPTIONS**

These training experiences are of varying lengths and times and are to be arranged with staff. They will occur within the framework of a required rotation.

### *OPS Team (may be available for selected interns)*

The forensic-Outpatient Services (OPS) team is a multidisciplinary group of mental health professionals who work closely to provide a broad range of treatment, rehabilitation and support services to forensic patients with mental illnesses who are in the community. OPS uses clinical and rehabilitative staff to address symptom stability, relapse prevention, establishment of natural support networks to reduce isolation, and minimization of involvement with the criminal justice system. Case managers provide individualized recovery education, coordinate services including patient employment, and help prepare court petitions. The OPS psychologist serves as a consultant to the team, participates in rounds and staff meetings, and provides therapy and case management services for selected patients.

Interns on this rotation will be the assigned case manager for one to two forensic patients in the OPS program. Interns will be responsible for treatment planning and assessment, documentation of progress toward goals and previously identified case management responsibilities. Interns will become familiar with risk assessment and forensic treatment in the community setting. They will have the opportunity to assist in writing a portion of the institutional report to the court for increasing patient privileges and to observe court proceedings where psychologists are asked to testify.

## **UNIT RESPONSIBILITIES**

Interns are expected to participate in the following unit activities:

*Morning Rounds* - The multidisciplinary team meets every morning to review each patient and share diagnostic and treatment information.

*Treatment Team Meetings* - Interns will participate in treatment team meetings for their assigned patients. With the patient present, the team discusses the patient's treatment plan, progress made to date, specific patient needs, further recommendations, and discharge planning. Outside community providers and family members may also participate in this process.

*Community Meetings* - These meetings occur every Tuesday and Thursday afternoon at 1:15 p.m. All staff and patients are expected to participate in these meetings. The purpose of community meetings is to promote patient self-expression, which is considered the cornerstone of healthy self-esteem. Community meetings also help to acculturate patients to unit values as well as to encourage responsible behavior and effective communication. Interns are expected to participate in these meetings by modeling self-expression, affirmations, confrontations, and helping patients to engage in similarly appropriate behaviors.

*Morning Meetings* - Staff and patients meet each morning in order to review the day's treatment activities and events, practice appropriate socialization skills, and promote healthy routines.

*Staff Meetings* - Multidisciplinary staff meetings occur weekly to discuss on-unit issues.

*Intern Caseload Pertaining to Assigned Unit* - Each intern will carry a caseload of at least three therapy patients on their assigned unit. One of these assigned cases will be a patient who has co-occurring disorders.

*Consultation* - Interns interact daily with psychiatrists, physicians, nurses and other staff members. Interns will learn how to serve as consultants to staff members on their assigned units.

## **GROUP FACILITATION**

Groups are designed to meet the patients' needs on a variety of levels. Groups include educational, skill-based groups, group therapy, recreational, community resource, spiritual, co-occurring, and personal growth groups. Groups are primarily held on the Treatment Mall, though each unit also has on-unit groups for patients who are not able to attend the mall for safety or clinical reasons. During each six-month rotation, the intern will co-facilitate at least two psycho-educational groups on the Treatment Mall. Interns will research curriculum for a psycho-educational group and then lead that group for a 12-week cycle.

## **ORIENTATION**

All interns will complete a seven to 10-day hospital-wide New Employee Orientation (NEO) that includes the following trainings: Trauma, Boundaries, Suicide Awareness, Management of Aggressive Behavior, and cardiopulmonary resuscitation (CPR). In addition to NEO trainings, interns and staff are required to attend a variety of new trainings offered at the facility within their first year of employment. Participation in supplemental trainings and other education activities

offered by RPC are highly encouraged.

## **SUPERVISION**

Interns participate in group supervision for a minimum of one hour weekly, engage in peer consultation with postdoctoral fellows for an additional hour (when the facility employs a postdoctoral fellow) and meet with their primary individual supervisor for at least two hours weekly. Ancillary assessment supervision and consultation is provided individually by the training director on an as needed basis, usually for one to three hours per week based on the needs and skill of each intern. The interns receive a minimum of four hours of formal supervision per week. Interns may also work collaboratively on cases with board certified forensic psychologists from State Forensic Services and state contracted board-certified neuropsychologists. Interns also have full access to Psychology Department seminars, didactics, and case conferences, interns participate weekly in Medical Psychiatry Grand Rounds via interactive teleconferencing (Currently Maine Medical Center).

## **INTERNSHIP VIDEOCONFERENCING POLICY**

Interns are expected to attend a one hour weekly didactic videoconference hosted by Maine Medical Center's Department of Medicine on topics related to severe mental illness and recovery. Interns are also expected to attend departmental webinars and seminars on cultural competency, ethics, medications, personality assessment, and forensic psychology as scheduled. Videoconferences are usually attended by outside medical and psychological professionals who participate in discussions, are often available for outside consultation, and add greatly to the training experiences of interns. In order to further their training, interns are expected to bring de-identified case material and questions from their required weekly readings to videoconferences. Attendance and participation is ensured through attendance sheets (maintained by the Staff Development Department) and weekly supervisory review.

## **RESEARCH**

Interns may participate in hospital research, scholarly writing, or the development of training programs for in-service education or community presentations. Riverview is not a research focused facility and does not maintain an Institutional Review Board (IRB). The psychology department uses research to inform clinical practice and has established and maintains a variety of databases. Although the facility does not currently hosts a research committee we fully encourage participation in scholarly research interests and activities.

## **STIPEND, BENEFITS, AND RESOURCES**

The internship program runs for 12 consecutive months and requires approximately 2000 hours of training (minus holidays). Interns work approximately 40 hours per week. A stipend of \$40,000 is provided. Benefits include: All state holidays, ten personal/vacation days which may be used for dissertation release, licensing exam release, and professional development. RPC does not currently offer health insurance to their doctoral interns. Please see the Maine Health Access Foundation (MEHAF) for information regarding available health benefits. Their website is: <http://www.enroll207.com/health-insurance-marketplace-maine/>. Additional questions regarding specific benefits or Maine's state holiday schedule may be directed to RPC's Director of Human Resources, the intern's primary supervisor, or the Training Director, Dr. Michael Broderick, [Michael.Broderick@maine.gov](mailto:Michael.Broderick@maine.gov)

RPC offers and hosts a variety of continuing educational experiences, including Nonviolent Communication, Mindfulness Based Stress Reduction, and Multicultural Sensitivity Training. Psychology staff and interns are encouraged to attend professional conferences, which may be funded partially or in entirety by RPC when monies are available. Assessment and other training materials, including access to an extensive testing library, are provided by RPC. Additional materials that may be needed can be purchased with RPC administrative approval (books, manuals, etc.). Each intern has access to administrative and information technology support through their primary training site and the State of Maine Office of Information Technology.

In addition to providing outstanding treatment for our patients, the medical staff, including the psychology interns, is involved in medical education and other scholarly activities. We have recently hosted medical students, physician assistant students, and psychiatric residents from Geisel School of Medicine at Dartmouth, as well as from the University of New England, the University of Vermont, the Massachusetts College of Pharmacy and Health Sciences, and Maine Medical Center. The medical staff also sponsors a full program of continuing medical education activities open to practitioners throughout the state of Maine. In addition, the medical staff faculty is dedicated to the creation of new psychiatric and medical knowledge by publishing research findings in scientific literature.

All of the psychology interns share a spacious office. Each intern has their own computer workstation. Interns have full access to our extensive testing library, which includes over 100 assessment measures as well as scholarly books and journal articles. Interns also have access to the Recovery Resource Training Room, a space specifically designated for ongoing education, seminars, and training. Additional staff/intern education including clinical case conferences are held in one of several well-equipped and comfortable conferences rooms. Individual therapy and assessments generally occur on the units in one of several conference rooms/meeting areas. Group therapy occurs on the units or at the Treatment Mall. The Treatment Mall has multiple rooms that are equipped with audiovisual equipment, projectors, and internet connection.

## **INTERN EXPECTATIONS**

The RPC Psychology Internship Program is a year-long, full-time training experience. Interns are expected to complete approximately 2000 hours of training (minus holidays) during the year. Interns are also expected to achieve the goals and objectives of the internship program, as stated below. They are expected to abide by the APA Code of Ethics as well as the requirements of the Psychology Internship Program. Interns are further expected to comply with the policies and procedures of their contract employer and the State of Maine Department of Health and Human Services.

## **TRAINING GOALS OF THE PSYCHOLOGY INTERNSHIP PROGRAM**

RPC has identified nine areas in which interns are expected to gain competence, appropriate to their professional development: intervention, evidence-based practice in assessment, ethical and legal standards, individual and cultural diversity, research, professional values and attitudes, communication and interpersonal skills, consultation, and supervision.

## **RPC EVALUATION PROCESS**

The RPC Psychology Department continually assesses each intern's performance and conduct during the 12-month internship training year. RPC interns are supervised by unit-based clinical supervisors who provide at least two hours of direct supervision to the intern each week. At specified intervals, the clinical supervisors receive input from senior staff assessment supervisors and other professional staff who have significant contact with interns. Each intern's clinical supervisor reviews these evaluations, meets with the Supervisory Committee the first Thursday of each month along with the director. The purpose of these meetings is to review the intern's clinical work and supervisory issues as well as monitoring intern progress towards the program's minimum thresholds of achievement including hours required, assessments including cultural formulation, and clinical case conferences and other consultation activities. The clinical supervisors provide interns with summary evaluations of their progress after meeting with the Supervisory Committee. Interns are evaluated 4 times throughout their training year, including an informal evaluation at three and nine months, as well as formal evaluations at six and 12 months. At the midterm evaluation (6 months) all competency areas must be rated at a level of competence of 3 or higher; no competency areas will be rated as 1 or 2. At the final 12-month evaluation, at least 80% of competency areas must be rated at level of competence of 4 or higher. Based on the evaluations, the training director and the intern may modify the intern's training plan or the program itself to better meet the intern's training needs.

## **DUE PROCESS AND GRIEVANCE PROCEDURES**

This document sets forth guidelines for evaluation of Riverview Psychiatric Center (RPC) psychology interns, grievance procedures, and the management of problematic performance or conduct. The guidelines emphasize due process, assure fairness in decision-making processes, and provide avenues of appeal that allow interns to file grievances and dispute program decisions.

### *Communication with the Intern's Psychology Graduate Programs*

The training director communicates with each intern's sponsoring graduate program about the intern's activities and progress. At the six month point of the internship year, the sponsoring program receives a summary evaluation of the intern's progress. At the end of the internship year, the intern's sponsoring program receives an additional summary evaluation indicating whether the intern has successfully completed the internship. At any time during the internship year, if problems arise that cast doubt on an intern's ability to successfully complete the internship the RPC training director will inform the sponsoring program in writing. The sponsoring program will be encouraged to provide input into possible avenues for resolution of these problems. Remediation plans will be designed in consultation between the sponsoring graduate program and the RPC training director. Remediation plans are based on the intern's individual needs and are intended to help the student redress difficulties and successfully complete the internship.

### *Due Process in Evaluation and Remediation*

RPC follows due process guidelines in order to ensure that decisions concerning changes in intern standing in the program are fair and unbiased. The program uses the same procedures to evaluate all psychology interns. There is an appeal process that permits any intern to challenge program decisions. Due process guidelines include the following:

1. All interns receive a written statement of RPC employment and training expectations during their New Employee Orientation (NEO).

2. Psychology internship evaluation procedures are clearly delineated, including when and how the evaluations will be conducted during the NEO.
3. RPC parameters and procedures concerning problematic performance or conduct are outlined in written statements and are provided to all prospective interns in the internship training manual.
4. Sponsoring graduate programs are informed in writing and/or orally concerning problems related to intern competency and conduct.
5. Remediation plans are developed in order to assist the intern in achieving adequate proficiency in areas targeted for improvement. Plans include adequate time frames (generally 30-90 days) for remediation and specify consequences for failure to achieve satisfactory progress. Should remediation prove insufficient in addressing the inadequacies, dismissal may be considered. In rare cases, such as a serious ethical or boundary violation, members of the Supervisory Committee may recommend dismissal without a remediation plan.
6. All prospective and current interns receive a written description of appeal procedures, including how to file grievances.
7. Interns and their sponsoring graduate programs are given sufficient time to respond to any action taken by RPC.
8. Decisions or recommendations regarding the intern's performance or conduct are based on input from multiple professional sources throughout the internship training program, including members of the multidisciplinary treatment teams and the Supervisory Committee.

#### *Definition of Problematic Performance and/or Conduct*

*Problem behaviors* are said to be present when RPC supervisors perceive that an intern's behaviors are disrupting the quality of his or her clinical services, his or her relationships with peers, supervisors, or other RPC staff, or suggest non-compliance with ethical standards of professional behavior. It is a matter of RPC supervisory staff's professional judgment as to when an intern's problem behaviors are serious enough to warrant programmatic action.

The RPC Training Program defines *problematic performance* and *problematic conduct* as follows: *Problematic performance* and/or *problematic conduct* are present when there is interference in professional functioning that renders the intern unable and/or unwilling to acquire and integrate professional standards into his/her repertoire of professional behavior, or unable to acquire professional skills that reach an acceptable level of competency. An acceptable level of competency at the midterm evaluation (6 month) is all competency areas rated at a level of competence of 3 or higher; no competency areas rated as 1 or 2. At the final 12 month evaluation, an acceptable level of competency is defined as at least 80% of competency areas rated at level 4 or higher. More specifically, problem behaviors are identified as *problematic performance* and/or *problematic conduct* when they include one or more of the following characteristics:

1. The intern does not acknowledge, understand, or address a problem once it is identified.
2. The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training.
3. The quality of services delivered by the intern is significantly-negatively affected.
4. The problem is not restricted to one area of professional functioning.
5. The intern's behavior does not change in a positive direction as a result of feedback, remediation efforts, and/or increased supervision.

### *Procedures for Responding to Problematic Performance and/or Problematic Conduct*

The RPC Training Program has procedures to guide its response to interns with problematic performance or conduct. When training supervisor's or the Supervisory Committee evaluations indicate that an intern's skills, professionalism, or personal functioning are inadequate for a psychology professional in training, the RPC training director with input from the Supervisory Committee initiates the following procedures. First, the negative evaluations will be reviewed and a determination will be made by the training director as to what action needs to be taken to address the problems. Second, the intern will be notified in writing that a review is occurring and that the training director is ready to receive any information or statements that the intern wishes to provide with reference to the identified problems. Third, after reviewing all available information, the RPC Supervisory Committee lead by the Training Director may adopt one or more of the following steps or take other appropriate action:

1. The Supervisory Committee may elect to take no further action.
2. The Supervisory Committee may issue an *Acknowledgement Notice* that formally states the following:
  - a. The committee is aware of and concerned about the negative evaluation.
  - b. The evaluation has been brought to the intern's attention and the committee will work with the intern to rectify the problem within a specified time frame.
  - c. The behaviors associated with the negative evaluation are not significant enough to warrant more serious action at the time.
3. Alternatively, the Supervisory Committee may issue a *Probation Notice*, which specifies that the supervisors, Supervisory Committee, and Training Director, will actively and systematically monitor, for a specific length of time, the degree to which the intern addresses, changes, and/or otherwise improves with respect to the problem behavior(s). The *Probation Notice* is a written statement to the intern that includes the following items:
  - a. A description of the problematic performance or conduct.
  - b. Specific recommendations for rectifying the problem(s).
  - c. Procedures to assess whether the problem has been ameliorated.
4. If the Supervisory Committee deems that remedial action is required, the identified problems in performance or conduct must be systematically addressed. Possible remedial steps include (but are not limited to) the following:
  - a. Increased supervision, either with the same or other supervisors.
  - b. Change in the format, emphasis, and/or focus of supervision.
  - c. A recommendation and/or requirement that personal therapy be undertaken with a clear statement about the manner in which such therapy contacts will be used in the intern evaluation process.

Following the delivery of an *Acknowledgment Notice* or *Probation Notice*, the training director will meet with the intern to review the required remedial steps. The intern may elect to accept the conditions or may challenge the Supervisory Committee's actions as outlined below. In either case, the training director will inform the intern's sponsoring graduate program in writing, and indicate the nature of the inadequacy and the steps taken by the RPC Supervisory Committee. The intern shall receive a copy of the letter to the sponsoring graduate program.



Once the RPC training director has issued an *Acknowledgement Notice*, the problem's status will be reviewed within three months, or the next formal evaluation, whichever comes first. In the case of a *Probation Notice*, the problem's status will be reviewed within the time frame set forth in the notice.

#### *Failure to Correct Problems*

When a combination of specified interventions does not rectify the problematic performance of problematic conduct within a reasonable period of time, or when the intern seems unable or unwilling to alter his or her behavior, the RPC Supervisory Committee may need to take a more formal course of action. If an intern on probation has not improved sufficiently to rectify the problems under the conditions stipulated by the *Probation Notice*, the RPC training director will conduct a formal review with the Supervisory Committee and then inform the intern and the sponsoring graduate program in writing. The Supervisory Committee may then elect to take any of the following steps, or other appropriate action:

1. It may continue the probation for a specified time period.
2. It may suspend the intern whereby the intern is not allowed to continue engaging in professional activities until there is evidence that the problem behaviors in question have been rectified.
3. The RPC Supervisory Committee may recommend a new period of probation for the intern with different steps to ameliorate the identified problematic behavior. The Supervisory Committee will develop new competencies and expectations to measure progress.
4. It may inform the intern that the RPC Supervisory Committee is recommending that the intern be terminated immediately from the internship program.

All the above steps will be appropriately documented and implemented in ways that are consistent with due process procedures, including opportunities for interns to initiate grievance proceedings to challenge RPC Supervisory Committee and/or training director's decisions.

#### *Intern Appeal Process*

Interns who receive an *Acknowledgment Notice* or *Probation Notice*, or who otherwise disagree with any RPC training director's and/or Supervisory Committee's decision regarding their status in the program, are entitled to challenge the director's [and/or the Supervisory Committees] actions by initiating a grievance procedure. Within five working days of receipt of notice or other decision, the intern must inform the RPC Training Program training director in writing that he or she is challenging the action. The Intern then has five additional days to provide the RPC training director with information as to why the intern believes the action is unwarranted. Failure to provide such information will constitute a withdrawal of the challenge. Following receipt of the intern's challenge, the following actions will be taken.

1. The RPC training director will convene a Review Panel consisting of two staff members selected by the training director and two staff members selected by the intern. The intern retains the right to hear all facts and the opportunity to dispute or explain his or her behavior.
2. The RPC training director or designee will chair the Review Panel in which the intern's challenge is heard and the evidence presented. The Review Panel's decisions will be made by majority vote. Within 10 days of the completion of the Review Panel, a written report by the Review Panel will inform the intern and the sponsoring graduate program of its decisions and recommendations.

3. Once the Review Panel has informed the intern and submitted its report, the intern has five working days within which to seek a further review of his or her grievance by submitting a written request to the director of psychology. The intern's request must contain brief explanations of the grievance, the desired settlement he or she is seeking, and it must also specify which policies, rules, or regulations have been violated, misinterpreted, or misapplied.
4. The director of psychology will review of all documents submitted and render a written decision. The director of psychology will render his or her decision within fifteen working days of receipt of the Review Panel's report, and within ten working days of receipt of an intern's request for further review if such request was submitted. The director of psychology may accept the Review Panel's action, reject the Review Panel's action and provide an alternative, or refer the matter back to the Review Panel for further deliberation. The Review Panel will report back to the director of psychology within ten working days of the request for further deliberation. The director of psychology will then make a final decision regarding actions to be taken.
5. Once a final and binding decision has been made, the intern, sponsoring graduate program and other relevant individuals will be informed in writing of the action(s) taken.

### ***Intern Complaints or Grievances***

There may be situations in which the intern has a complaint or grievance against a supervisor, state employee, another trainee, or the program itself, and in which the intern wishes to file a formal grievance. The following steps are intended to provide the intern with a means to resolve perceived conflicts that cannot be resolved by informal means. Interns who pursue grievances in good faith will not experience any adverse personal or professional consequences. At any time during this process, RPC HR and the HR of the intern's contracting agency may become involved. The intern who wishes to file a formal grievance should:

1. Raise the issue with the supervisor, staff member, other trainee, or RPC training director in an effort to resolve the problem informally (consistent with APA's Ethics Code).
2. If the matter cannot be resolved or it is inappropriate to discuss with the other individual, the issue should be raised with the RPC training director. If the training director is the object of the grievance or is unavailable, the issue should be discussed with another senior member of the psychology department.
3. If the training director cannot resolve the matter, the training director will choose an agreeable staff member acceptable to the intern and request that individual mediate the matter within ten working days. Written material will be sought from both parties.
4. If mediation fails and the complaint was against a state employee the matter will be referred to RPC Human Resources and the intern's contracting agency. If the complaint is against another contracted trainee, or the internship program itself, the training director will convene a Review Panel consisting of the RPC training director or designee, the director of psychology or designee, and two staff members of the intern's choosing. The Review Panel will review all written materials (from the intern, other parties, mediation) and have an opportunity at its discretion to interview the parties or other individuals with relevant information. The Review Panel has final discretion regarding outcome.

### **TRACKING PATIENT CONTACT AND EDUCATIONAL HOURS**

Interns are expected to clock in and out of the hospital using RPC's electronic badge/tracking

system. This system attends to total hours worked and accruals, but does not delineate contact hours. For that reason, RPC strongly urges psychology interns to track their hours using a user friendly tracking system such as Time2Track <https://app.time2track.com> or MyPsychTrack <http://www.mypsychtrack.com>, or an independent tracking system, such as excel.

## **INTERN SELECTION AND ACADEMIC PREPARATION REQUIREMENTS**

### ***Application Process***

To be considered for Riverview Psychiatric Center's Internship Program, applicants must meet the following minimum requirements:

1. Must be a doctoral candidate in good standing enrolled in a clinical or counseling psychology program.
2. At least three years of graduate education in psychology and all required coursework for doctoral training must be completed.
3. A minimum for 500 intervention hours and 50 assessment hours.
4. Comprehensive exams must be passed.

RPC has a preference for candidates who:

1. Are enrolled in an APA-accredited clinical psychology program.
2. Have previous exposure or an interest in working with forensic populations.
3. Have experience or interest in working with an adult population who suffer from severe and persistent mental illness.
4. Have an introductory understanding of psychological test administration and report writing.
5. Self-identify as members of a historically underrepresented group in psychology.

Students who are interested in applying for the internship program should submit an online application through the APPIC website (<http://www.appic.org>). A complete application consists of the following materials:

1. A completed online AAPI (APPIC's standard application) including...
  - a. A cover letter clarifying goals and clinical interests
  - b. A current curriculum vitae
  - c. Three standardized reference forms- two of which must be from direct clinical supervisors
  - d. Official transcripts of all graduate coursework
  - e. A de-identified psychological evaluation

All application materials must be received by the date noted in the current APPIC directory listing in order to be considered.

### ***Application Screening and Interview Process***

Riverview Psychiatric Center bases its selection on the entirety of the application package noted above and preference will be given to applicants who are enrolled in APA-accredited doctoral programs, have an interest or experience with forensics, and are members of historically

underrepresented groups in psychology.

All applications will be evaluated by current members of the RPC Psychology Department including current interns, postdoctoral fellows, and licensed supervisors utilizing a standardized Applicant Screening Form. RPC seeks interns with training goals consistent with our mission as a state psychiatric facility. RPC considers total number of practicum hours completed, as well as the quality of training, the type of setting, and experience with evidence-based practice. We prefer interns who have training and experience working with an adult inpatient psychiatric population with severe and persistent mental illness; we also prefer candidates who have an interest in forensics. However, we will consider candidates with gaps who demonstrate potential and eagerness to learn based on strong letters of reference, essays, and interview.

The training director and the director of psychology review the Applicant Screening Form to determine which applicants to invite for interview based upon the results of the screening process. All applicants will be notified by email of a decision regarding an invitation to interview on or before an established date in December. Interviews with members of the RPC Internship Program Supervisory Committee will be scheduled for January. RPC prefers to conduct interviews in person but recognizes that travel can be cost-prohibitive for many applicants. For that reason, applicants have the option of conducting an interview via Skype.

On the day of the interview, the applicant will discuss the training program and its various opportunities with the training director. Applicants who present in person will have the opportunity to tour the facility and meet with the current interns and members of RPC's multidisciplinary treatment team. A group interview with members of the Supervisory Committee including supervising psychologists and postdoctoral interns will follow. The interviews will be conducted using a standard set of interview questions documented on the Standard Interview Form. RPC agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any rank information from any internship applicant.

### ***Participation in the Internship Match***

The Supervisory Committee will hold a meeting within two weeks of completion of the final interviews to determine applicant rankings. The full application package and information obtained through the interview process will be utilized in determining applicant rankings. As a members of APPIC, RPC will participate in the national internship matching process by submitting its applicant rankings to the National Matching Service, which can be reached at the following website (<http://www.natmatch.com/psychint>). Applicants and their graduate program training director will be contacted following release of match results.

### ***Contact Information***

Michael Broderick, Ph.D.  
Riverview Psychiatric Center  
Michael.Broderick@maine.gov  
(207) 624-3929




## APPENDIX A: SAMPLE SCHEDULES

### Sample Weekly Internship Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>8:00 AM</b>	8:00–8:15AM Milieu	8:00–9:00 AM Dartmouth Psychiatry Grand Rounds	8:00–8:15AM Milieu	8:00 – 8:15AM Milieu	8:00–8:15AM
<b>8:00 – 9:00 AM</b>	8:15–9:00 AM Unit Morning Rounds	<i>(except July/August)</i> Casco Bay Room	8:15–9:00AM Unit Morning Rounds	8:15–9:00AM Unit Morning Rounds	8:15–9:00AM Unit Morning Rounds -or- 8:00–9:30AM Medical Grand Rounds Casco Bay Room
<b>9:00 – 10:00 AM</b>	Individual / Group /Assessment / Team Meeting	Individual / Group /Assessment / Team Meeting	Notes/Report Writing / Administrative Work	Individual / Group /Assessment / Team Meeting	Individual Supervision
<b>10:00 – 11:00 AM</b>	Individual / Group /Assessment / Team Meeting	Notes/Report Writing / Administrative Work	Individual / Group /Assessment / Team Meeting	Notes/Report Writing / Administrative Work	Notes/Report Writing / Administrative Work
<b>11:00 – 12:00</b>	Notes/Report Writing / Administrative Work		Individual / Group /Assessment / Team Meeting		
<b>12:00–12:30</b>	Group Supervision/ Lunch	Forensic Didactic / Lunch	Medical Exec. Committee Meeting/ Lunch/ Monthly Psych Department Mtg	Case Conference	Didactic Training/ Lunch
<b>12:00 – 1:00 PM</b>					
<b>1:00 – 2:00 PM</b>	Individual / Group /Assessment	1:15PM Community Meeting	Individual / Group /Assessment	1:15PM Community Meeting	Individual / Group /Assessment
<b>2:00 – 3:00 PM</b>	Notes/Report Writing / Administrative Work	Individual / Group /Assessment	Notes/Report Writing / Administrative Work	Individual / Group /Assessment	Individual Supervision

<b>3:00 – 4:30 PM</b>	Notes / Report Writing	Notes / Report Writing	Notes / Report Writing	Notes / Report Writing	Assessment Supervision
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\*Robert Riley, Ph.D., ABPP-NC comes for two hours once monthly for neuro-psychological consultation

	Patient Contact
	Didactic Training
	Supervision

### Riverview Psychiatric Center New Employee Orientation (NEO) 2021

Psychology interns complete the new employee orientation as they are state employees. The orientation provides interns with the essential components and professional expectations associated with employment at RPC. A sample New Employee Orientation Schedule for 2021 is as follows:

Time	Training	Instructor	Contact #
<b>Monday, May 3rd, 2021 Sebago</b>			
0800-0830	Welcome	Susan Bundy	43916
0830-0900	HR Registration/ IDs & Time Trac	Anne White	44672
0900-0930	Key Policy/State Vehicle Policy	Deb Proctor	44647
0930-1030	Recovery & Treatment Planning	Janet Cassidy & Leanne Robertson	44692/44728
1030-1045	BREAK		
1045-1145	Computer Access	Jarrold Thibodeau	624-3915
1145-1230	LUNCH		
1230-1430	Computer Access/DHHS & RPC Policies	Sue Bundy/Jarrold Thibodeau	43916/43915
1430-1445	BREAK		
1445-1630	Mandatory Reporting	Melanie Crockett	44662
<b>Tuesday May 4th 2021 Sebago</b>			
0700-1530	Behavior Response Options/Trauma Informed	TBA	43915
<b>Wednesday, May 5th, 2021 Sebago</b>			
0700-1530	Behavior Response Options	TBA	43915
<b>Thursday, May 6th, 2021 Sebago</b>			
0800-0900	Seclusion & Restraint	Jarrold Thibodeau	43915
0900-1000	Cultural Competency	Kira Leclair	
1000-1100	Evacuation Chair Training	Jarrold Thibodeau	43915
1100-1145	AFSCME	Shelby Moreau	
1145-1300	CCC/LUNCH		
1300-1630	CPR/First Aid	TBA	
<b>Friday, May 7th, 2021 Sebago</b>			
0800-0830	Fall Risk	Harmony Lattin	44789
0830-1000	Legal Boundaries	Melanie Crockett	44662
1000-1030	Documentation	Harmony Lattin	44683
1030-1045	BREAK		
1045-1130	Hazcom/eyewash/Global	Deb Proctor	44647
1130-1230	LUNCH		
1230-1430	Fire Safety	Bob Patnaude	
1430-1445	Break		
1445-1630	BERT/Emergency Management/Preparedness Plan	Robby Vachon	43917
<b>Monday May 10th, 2021 Sebago</b>			
0800-0900	Check in	Sue Bundy	
0900-1000	Forensics	Bob Lamoreau	44724
1000-1015	BREAK		
1015-1100	Creating a Positive Culture	Kelly Flagg	43907

1100-1200	HR Policies	Anne White	44672
1200-1300	LUNCH		
1300-1400	Quality/CPI	Aimee Brown	44789
1400-1630	Infection Control & PPE & Fit Mask Video	Donna Bradeen	44768
<b>Tuesday May 11th, 2021 Sebago</b>			
0800-0900	Search Policy and Procedure	Jordan Nickerson	43928
0900-1000	Psychoactive Medications	Robin Parks/Michael Migliore	44676/43946
1000-1015	BREAK		
1015-1115	Patient Rights	Caleb Baker/Jane Moore	44663
1115-1200	Peer Support	Julia Stone/Alicia Hafford	43954
1200-1300	LUNCH		
1300-1400	Admissions	Samantha Newman	
1400-1415	BREAK		
1415-1515	Behaviors That Undermine a Culture Of Safety	Sue Bundy/Jarrold Thibodeau	43916/43915
1515-1630	Improving our Understanding of Mental Illness	Psychology Department	44668
<b>Wednesday May 12th, 2021 Sebago</b>			
0800-1030	Sensory Processing and Functional Cognition	Amy Walsh	43977
1030-1045	Break		
1045-1200	Unit/Dept. Orientation/DHHS Policies and RPC Policies	Sue Bundy/Jarrold Thibodeau	43916/43915
1200-1230	LUNCH		
1230-1400	Unit/Dept. Orientation/DHHS Policies and RPC Policies	Sue Bundy/Jarrold Thibodeau	43916/43915
1400-1415	Break		
1415-1630	Unit/Dept. Orientation	Sue Bundy/Jarrold Thibodeau	43916/43915
<b>Thursday, May 13th, 2021 Sebago</b>			
0800-0900	Documentation/Meditech	Harmony Lattin	
0900-1000	Suicide Risk	Harmony Lattin	
1000-1015	Break		
1015-1200	DHHS/RPC Policies/Unit orientation	Sue Bundy, Jarrold Thibodeau	43916/43915
1200-1300	CCC/LUNCH		
1300-1400	Co-Occurring Conditions	Jason Grundstrom-Whitney	44783
1400-1500	EOC Duress	Bob Patnaude	
1500-1630	DHHS/RPC Policies/Unit orientation	Sue Bundy, Jarrold Thibodeau	43916/43915
<b>Friday, May 14th, 2021 Sebago</b>			
0800-1630	N95 Fit mask testing	TBA	
	Follow Up/ Check in/Policies/Unit Dept.	Sue Bundy/Jarrold Thibodeau	43916
	DHHS Policies and RPC Policies	Sue Bundy/Jarrold Thibodeau	43916

#### INTERNSHIP DIDACTIC SEMINARS 2020-2021 as of May 2021

Didactic seminars are held weekly from 12:00 pm to 1:00/2:00 pm on Friday afternoon. Length of Friday meetings depends on staff availability and topic covered. Times and dates are subject to change due to needs of staff/interns and literature reviews/research requests.

On several occasions throughout the year interns will have the opportunity to attend civil and forensic court proceedings and to discuss their observations after. Additionally, there are staff training opportunities that present throughout the year. It should be noted that this schedule was by necessity adapted due to the COVID-19 pandemic.

Tuesday Meetings will be using forensic texts and relevant literature with case discussions  
Books: Psychological Evaluations for the Courts, Clinicians in Court, Neuropsychology in the Courtroom

DATE	TITLE	PRESENTER
July 21, 2020	Clinical Supervision	Dr. Stone

July 28	Case Formulation	Dr. Stone
August 4	Neurocognitive Deficits	Drs. Houghton & Sandborn
August 11	Notes and Treatment Plans	Dr. Slobodnik
August 18	Intern Handbook Review	Dr. Houghton
August 25	Personality Disorder Overview	Dr. Newkirk-Sandborn
September 1	Personality Disorder part 2	Dr. Newkirk-Sandborn
September 8	State Forensic Service	Dr. Miller, director
September 15	Ethical /Legal Considerations	Dr. Newkirk-Sandborn
September 22	MCT for Psychosis	Dr. Gregor
September 29	State Forensics part 2	Dr. Miller
October 6	Behavior management overview	Dr. Behrem
October 13	Behavior management plans	Dr. Rosch-Eifert
October 20	Psychopharmacology	Dr. Parks, pharmacist
October 27	Behavior plans part 2	Dr. Rosch-Eifert
November 3	Cognitive Therapy for Psychosis	Dr. Gregor
November 10	RPC Outpatient Services	Dr. Zamudio
November 17	Medical causes of mental illness	Dr. George Davis, internist
November 24	Video/ former inpatients speak	Kira LeClair
December 1	Rescheduled Sarah street Taylor	
December 8	Patient Advocacy	Jane Moore JD/Caleb Baker JD
December 15	Treatment Team Process	Stephanie George-Roy
December 22	Malingering Assessment Tools	Dr. Behrem
December 29	Cancelled Dr. Deb	
January 5, 2021	Open discussions	Drs. Gregor and Eifert
January 12	Civil commitment process	Sarah Street-Taylor
January 19	Female Sexual Arousal disorder	Sandra Ackerman, intern
January 26	Pastoral counseling	Chaplain James Weatherby
February 2	Assessing violence risk	Peter Moulton, intern
February 9	Report writing	Dr. Behrem
February 16	Compassion Fatigue part 1	Dr. Gregor
February 23	Cancelled, no students	
March 2	Introduction to Testing	Kira
March 9	Interpersonal Neurobiology	Dr. Slobodnik
March 16	Report writing	Dr. Behrem
March 23	SPMI & Gender Identity	Dr. Dewhirst
March 30	Expressive therapies/TRS	Alijah Sheer/Steven York
April 6	SUDx Treatment Modalities	Kira LeClair, Jason, Chelsey
April 13	ACT	Dr. Rosch-Eifert
April 20		Dr. Gregor
April 27		Dr. Dewhirst
May 4	Opiates/Upcoming Street Drugs	Kira, Jason, Chelsey
May 11	Trauma-based Psychosis	All will read 1 article/ discuss

Additional didactic training opportunities and resources may include, but are not limited to:

Consultation with State Forensic Services on an as needed basis  
Additional training and DVD's related to the impact of trauma and attachment on neural development  
(Allan Schore, PhD.)



Past Clinical Case Presentation Power Points on a variety of topics such as Early Onset Frontotemporal Dementia, Lithium Toxicity  
 Personality Disorder audio presentation by Greg Lester, PhD  
 Training video on the MCMI-II  
 NPR audio interviews with Robert Hare  
 ASAP Safety Training-a peer led group to improve safety at RPRC  
 Motivational Interviewing Continuing Education  
 Ethics and Supervision Continuing Education  
 Cognitive Behavioral Therapy Continuing Education  
 Educational Films Including: Dharma Brothers, Depression Out of the Shadows, The Neuroscience of Everyday Life, Secrets of the Mind

### **Continuing Education Opportunities for Licensed Staff 2021**

Available through psychology department or staff development

*RPC has invested in a variety of training materials to provide an opportunity for clinicians to have easier access to CEU credits. These programs have been purchased for RPC's education library. Power point presentations and a CEU test are provided in each binder. Upon completion of the training the clinician may mail the test with a check for CEU credit. The cost is approximately \$30.00-75.00.*

<u>Title of Program</u>	<u>CEU's Credit</u>
The Pain Paradox: Mindfulness, Compassion, and Resilience in Trauma Therapy (2 DVDs)	12 hours
Mindfulness in Psychotherapy: Tailoring the Practice to the Person (4 DVDs)	12 hours
Cognitive Behavior Therapy for Personality Disorders (8 audio CDs)	12 hours
SHAME: The Misunderstood Emotion (4 DVDs)	12 hours
Clinical Supervision: Ethical, Boundary, and Risk Management Issues (audio CDs)	6 hours

### **Sample Department of Psychiatry Grand Rounds**

Psychiatric Grand Rounds are offered Tuesday mornings at 8:00 am. RPC has offered Dartmouth's Geisel School of Medicine and Maine Medical Center to bring RPC staff most relevant continuing education.

<b>Speaker</b>	<b>Topic</b>
Stephen Coca, DO, MS	Electronic Medical Records, Physician Stress, and the

	Journey Towards Balance
Meagan Coylewright, MD, MPH	The Heart of the Matter: Shared Decision Making in Cardiology
Thomas Ward, MD	Publication Ethics
Kenneth K. Wang, MD	Things We Would Like To Know About Barrett's Esophagus
Christopher Moriates, MD	First, Do No (Financial) Harm: High Value Care from the Frontlines
Mariana Castells, MD, Ph.D.	New Diseases of the XXI Century Mast Cell Activation
John Christopher, MD	Mindfulness for Patients and Providers
Kathryn A. Zug, MD	Allergic Contact Dermatitis: A Macro View
J. Allan Hobson, MD	Dreaming as Virtual Reality
Jay Fishman, MD	Essentials of Transplant Infectious Disease: A Practical Approach
Giuseppe J. Raviola, MD, MPH	Integrating Service Delivery, Training, and Research for Mental Health at Partners in Health Global Sites
Giuseppe J. Raviola, MD, MPH	New Insights Into Perinatal Depression: From Pathogenesis to Treatment
Don L. Goldenberg, MD	Fibromyalgia and Related Disorders
Marshall Forstein, MD	Neuro-psychiatric Overview of HIV
Kevin K. Brown, MD	Development and Progression of Pulmonary Fibrosis: Definitions and Implications
Mary F. Brunette, MD	Smoking in Schizophrenia and Other Vulnerable Populations
Walter Park, MD	Opportunities and Anxieties of the Incidental Pancreatic Cyst
Rajita Sinha, Ph.D.	Clinical Neuro-biology of Stress and Addiction: Risk, Relapses, and Treatment Outcomes
Brian D. Remillard	Oby25 Preventable Deaths from AKI by 2025
Charles B. Numeroff, MD, Ph.D.	The Neuro-biology of Child Abuse and Neglect: Implications for the Treatment of Mood Disorders
Leslie H. Fall, MD	Engaged Learning: Translating Theory in Practice
Mathuram Santosham, MD	The Conquest of H.influenzae type b (Hib) Disease: Trials, Tribulations, and a Triumph
Christopher Austin, MD	Catalyzing Translational Innovation
H. Gilbert Welch, MD, MPH	Too Much Information
Eric M. Morrow, MD, Ph.D.	Difficult to Treat Autism: Necessities and Challenges
David Currow MPH, Ph.D.	What Does the Community Get for Investing in Good End of Life Care?
Margaret Altemus, MD	Hormonal Mechanisms in Reproductive Mood Disorders

Steven E. Lipshultz, MD	Late Cardiovascular Effects Years After Radiation Exposures: Being Preemptive Rather Than Reactive
W. Burlseon Davis, MD	Comorbid Depression in ADHD: A Research Update on Risk Factors, Assessment, and Treatment
Sherine Gabriele	Heart Disease and the RA Patient: The Evolution of Observation
B. Vince Watts, MD	Suicide Prevention Using a Patient Safety Approach
John R. Butterly, MD	Hunger, The Biology and Politics of Starvation
Stephen Bartels, MD	Reducing Early Mortality in Complex Patients Through Innovations in Health Coaching, Self-Management, and Technology
John C. Christopher, Med Ph.D.	Critical Cultural Awareness
Juliet Jacobsen, MD	Building Resilience: Helping Seriously Ill Patients Live Well
Margit I. Berman, Ph.D.	Health At Every Size and Acceptance and Commitment Therapy for Depression and Obesity in Women
Frederick Lansigna, MD	Cutaneous Lymphoma: What Lies Beneath the Skin
Wilder T. Doucette, MD, Ph.D.	Developing a Focal Neural Modulation Treatment for Disorders of Appetitive Behavior
Lionel D. Lewis, MD	Old Drug, New Tricks: Precision Therapeutics and Pharmacogenomics
Gregory J. McHugo, Ph.D.	Two Results from the West Study: Prevalence of TBI and Contingency Management for Drug Abuse
Sally E. Wenzel, MD	Severe Asthma: Can We Use Phenotyping to Start to Guide Treatment
Elizabeth A. Talbot, MD	Applying Global Health Principles to Control Infectious Disease Epidemics
David C. Steffens, MD, MHS	Linking Late-Life Depression, Cognitive Impairment, and Dementia
Donald J. Kosiak, MD	Virtual Care: Wired to Save Lives
Brian Shiner, MD, MPH	The Quality of PTSD Care: Can It Be Assessed?
Robert S. Brown, MD	The Art of Medicine: Lessons Learned Over 50 Years
Aaron V. Kaplan, MD	The Role of the Clinician-Inventor in the Development of High Risk First-In-Class Medical Devices. The Tryton Side Branch Stent (Case Study)
Jimmie C. Holland, MD	Psycho-Oncology: A Success Story in Oncology
Mary-Margaret Andrews, MD	Life-Threatening Infections Related to Injection Drug Use: Complications and Ethical Issues During Outpatient Treatment
John F. Kelly, Ph.D.	What If We Really Believed Addiction Was A Chronic Disease?
Scott W. Woods, MD	Diagnosis and Treatment of Attenuated Psychosis Syndrome

Arnold Katz, MD	Systolic and Diastolic Heart Failure: Where We Are, How Did We Get Here, and Where Are We Going?
Sanders Burstein, MD	Honoring Care Decisions: A Good Plan
Chris Walsh, MD	One Brain, Many Genomes: Somatic Mutation and Genomic Diversity in the Human Cerebral Cortex
Sarah C. Akerman, MD	Perinatal Substance Use Disorders: A Multidisciplinary Approach
Steven Hollenberg, MD	The Coronary Care Unit: Past, Present, and Future
Jordan F. Karp, MD	New Approaches for an Old Disorder: Advancing the Treatment of Late-Life Depression
Jennifer DiMuro, MD and Megan Gallagher, MD	A Tool for IBD Patients to Communicate Their Personalized Goals of Therapy to Their Providers
Mary Chamberlain, MD	Molecular Tumor Boards: The Dartmouth Experience
Mimi Baird	Perry C. Baird, Jr., MD's Descent from Normalcy to a Revolving State of Manic Depressive Psychosis From Which There Was, In His Lifetime, No Return
Jean Colombel, MD	New Therapeutic Strategies in IBD
Thomas McDonald, MD	Cardiogenetics Clinic- Personalized Diagnostics and Precision Medicine
Mark T. Hegel, Ph.D.	Delivering Evidence-Based Psychotherapies for Depression: Whose Job Is It Anyways?

## APPENDIX B: POLICIES

The RPC Psychology Internship Program specific policies are available to the public on RPC's website: <http://www.maine.gov/dhhs/riverview/intern/policies.html>.

These policies and RPC'S administrative policies and procedures relevant to the internship program are available to current interns and staff on the hospital's encrypted Psychology Department common drive under **Internship Program Binder** titled **Policies and Procedures**.

Upon commencement of internship, interns are provided with a hard copy of this Internship Handbook. The handbook includes copies of: Due Process and Grievance Procedures, Internship Contract, Internship Competency Evaluation, Supervisory Agreement and Intern Competency Checklist with other relevant required paperwork, as well as *a signature page to ensure compliance* of program specific policies and relevant RPC policies that will be reviewed during orientation.

Riverview Psychiatric Center is a state facility that operates under the auspice of the Department of Health and Human Services (DHHS); additional relevant DHHS policies are available at:

<http://www.maine.gov/dhhs/policies/index.htm>

## **APPENDIX C: EVALUATION FORMS**

### **INTERN EVALUATION FORM- SIGNATURE PAGE**

RPC's training program is based on a rigorous practitioner-scholar model. Interns begin with significant supports while engaging in milieu treatment interactions and co-facilitate groups with licensed clinicians. They are introduced to treatment planning and goal identification as well as brief cognitive screens (including the Montreal Cognitive Assessment, The Kennedy Axis V, Wide Range Achievement Test, 5<sup>th</sup> Edition, and Community Outpatient Treatment Readiness Evaluation Instrument). Intern skills are expected to progress gradually over the course of the year. Interns eventually develop and facilitate a treatment group and complete comprehensive psychological, neuro-psychological, and risk assessments using a flexible battery of test measures and data.

The mission of the RPC Psychology Internship Program is to help develop competent and skilled clinical psychologists. RPC's internship standards are based on APPIC and APA policies and guidelines. The training goals and related objectives are outlined in the internship evaluation form enclosed.

#### **TRAINEE COMMENTS REGARDING COMPETENCY EVALUATION (IF ANY):**

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Trainee \_\_\_\_\_

Date \_\_\_\_\_

I have reviewed this evaluation with the intern and provided full explanation of the evaluation.

Supervisor \_\_\_\_\_

Date \_\_\_\_\_

Supervisor \_\_\_\_\_

Date \_\_\_\_\_

Supervisor \_\_\_\_\_

Date \_\_\_\_\_

# RIVERVIEW PSYCHIATRIC CENTER

## INTERN COMPETENCY

### ASSESSMENT

#### INTERN AND ASSESSMENT INFORMATION:

<b>INTERN:</b>	<b>REVIEW PERIOD:</b>
<b>SUPERVISOR:</b>	<b>DATE:</b>
<b>ASSESSMENT METHODS:</b>	
Direct Observation      Case Presentations      Review of Written Work/Test Data      Discussion of Clinical Interaction      Staff Observations      Other	

#### REMEDIAL WORK INSTRUCTION

In the rare situation when it is recognized that a trainee needs remedial work, a competency assessment form should be filled out **immediately**, prior to any deadline date for evaluation, and shared with the trainee and the director of training. In order to allow the trainee to gain competency and meet passing criteria for the rotation, these areas must be addressed proactively, and a remedial plan needs to be devised and implemented promptly.

#### PROFESSION-WIDE COMPETENCY RATINGS

<i><b>Likert Scale for Competency Ratings</b></i>	1 = Needs Remedial Work	2 = Entry Level/ Continued Intensive Supervision is Needed	3 = Intermediate/ Should Remain Focus of Supervision	4 = High Intermediate/ Occasional Supervision Needed	5 = Advanced Skills/ Comparable to Autonomous Practice At Licensure Level	Not Applicable/ Not Assessed For Training Experience
<b>RESEARCH:</b> The intern demonstrates appropriate knowledge, skills, and attitudes to critically evaluate and disseminate scientific research, and to appropriately use scientific methods and findings in all professional roles (e.g., case conference, presentation, publications).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUPERVISOR COMMENTS						
<b>ETHICAL AND LEGAL STANDARDS:</b> The intern demonstrates appropriate knowledge and application of laws, APA ethical principles, and policies governing health service psychology and acts consistent with such in all professional roles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUPERVISOR COMMENTS						
<b>INDIVIDUAL AND CULTURAL DIVERSITY:</b> The intern demonstrates appropriate knowledge, skills, and attitudes regarding cultural and individual differences and how they influence human behaviors. Intern demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews may create conflict with their own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The intern demonstrates an understanding of issues involved in working with patients of diverse backgrounds and characteristics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The intern acknowledges and respects differences that exist between self and patients in terms of race, ethnicity, culture, and other individual difference variables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The intern discusses individual difference variables with patients when appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The intern recognizes when more information is needed regarding patient differences and seeks out information autonomously.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The intern recognizes own limits to expertise and seeks supervision/consultation as necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The intern is able to work effectively with patients who have diverse backgrounds and characteristics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The intern accurately monitors own responses to differences and differentiates these from patient responses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The intern exhibits awareness of personal impact on patients different from self.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The intern demonstrates willingness to be thoughtful about own cultural identity and other individual difference variables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The intern reliably seeks supervision/consultation as necessary and utilizes feedback.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The intern demonstrates knowledge of health disparities particularly as it applies to relevant vulnerable populations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISOR  
COMMENTS

<b>Likert Scale for Competency Ratings</b>	1 = Needs Remedial Work	2 = Entry Level/ Continued Intensive Supervision is Needed	3 = Intermediate/ Should Remain Focus of Supervision	4 = High Intermediate/ Occasional Supervision Needed	5 = Advanced Skills/ Comparable to Autonomous Practice At Licensure Level	Not Applicable/ Not Assessed For Training Experience
<b>PROFESSIONAL VALUES AND ATTITUDES:</b> The intern engages in behaviors that reflect the values and attitudes of the psychology profession (e.g., accountability, lifelong learning, timeliness, positive coping strategies regarding personal and professional stressors, concern for the welfare of others) in all professional roles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISOR  
COMMENTS



<b>COMMUNICATIONS AND INTERPERSONAL SKILLS:</b> The intern demonstrates the ability to develop and maintain effective professional relations with a wide range of individuals, showing appropriate knowledge, skills, and attitudes in oral, non-verbal, and written communication. They demonstrate professional boundaries and provide feedback in a timely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUPERVISOR COMMENTS						
<b>ASSESSMENT:</b> The intern demonstrates appropriate knowledge, skills, and attitudes in the selection, administration, and interpretation of assessments consistent with the best scientific research, professional standards, and relevant expert guidance. Interns communicate findings and implications of the assessment in an accurate and effective manner sensitive to a range of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUPERVISOR COMMENTS						
<b>INTERVENTION:</b> The intern establishes and maintains therapeutic relationships (individual, group, supportive engagement), demonstrating appropriate knowledge, skills and attitudes in the selection, implementation, and evaluation of interventions that are based on the best scientific research to meet treatment goals. Interns attend to safety and confidentiality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUPERVISOR COMMENTS						
<b>Likert Scale for Competency Ratings</b>	1 = Needs Remedial Work	2 = Entry Level/ Continued Intensive Supervision is Needed	3 = Intermediate/ Should Remain Focus of Supervision	4 = High Intermediate/ Occasional Supervision Needed	5 = Advanced Skills/ Comparable to Autonomous Practice At Licensure Level	Not Applicable/ Not Assessed For Training Experience
<b>SUPERVISION:</b> The intern demonstrates appropriate knowledge, skills, and attitudes regarding participation in group, individual and peer supervision, as well as instruction, and oversight of trainees and other professionals as appropriate. Interns evaluate and provide feedback to their supervisors and demonstrate an understanding of the ethical, legal, and contextual issues that impact the supervisory relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>SUPERVISOR COMMENTS</i>						
<b>CONSULTATION INTERPROFESSIONAL/INTERDISCIPLINARY:</b> The intern demonstrates appropriate knowledge, skills, and attitudes regarding interprofessional and interdisciplinary collaboration in relevant professional roles. Demonstrate the ability to provide effective feedback to others (colleagues and patients). Deliver information in an articulate, organized, and timely fashion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>SUPERVISOR COMMENTS</i>						

## Evaluation

### ADDITIONAL COMMENTS

### SUMMARY OF STRENGTHS

### AREAS OF DEVELOPMENT OR REMEDIATION INCLUDING RECOMMENDATIONS

### HAS THE INTERN MET COMPETENCY GOALS?      YES      NO

GOAL FOR EVALUATIONS PRIOR TO 12 MONTHS: All competency areas will be rated at a level 3 of competence or higher. No competency areas will be rated as a 1 or 2.

GOAL FOR EVALUATIONS DONE AT 12 MONTHS: At least 80% of intern competency areas will be rated at a level 4 or higher. No competency areas will be rated as 1 or 2.

## Verification of Review

	YES	NO	NOT APPLICABLE
<b>GOAL FOR INTERN EVALUATIONS DONE PRIOR TO 12 MONTHS:</b> All competency areas are rated at a level of competence of 3 or higher. No competency areas are rated at 1 or 2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**GOAL FOR INTERN EVALUATIONS DONE AT 12 MONTHS:**

At least 80% of competency areas are rated at a level of competence of 4 or higher. No competency areas are rated at 1 or 2.

☐☐☐**Remediation**

☐ The trainee HAS NOT successfully completed the above goal. We have made a joint written remedial plan as attached, with specific dates indicated for completion. Once completed, the rotation will be re-evaluated using another evaluation form, or on this form, clearly marked with a different color ink. We have reviewed this evaluation together.

*By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.*

INTERN SIGNATURE:

DATE:

SUPERVISOR SIGNATURE:

DATE:

## **APPENDIX D: PSYCHOLOGY INTERNSHIP CONTRACT**

### **Job Description**

The Psychology Internship program at RPC is open to students who have completed all coursework towards their doctorate in psychology and are now working towards completion of their dissertation and/or licensure. Interns administer psychological tests, conduct individual and group psychotherapy, and provide psychological consultation as full members of the RPC psychology team. They are supervised by licensed psychologists and have reasonable access to patient records. They are expected to practice in accordance with all APA ethical guidelines.

### **Pay rate/ Work Hours**

Interns receive an annual stipend of \$40,000, paid on a monthly or bi-weekly basis. They are expected to work the equivalent of forty hours per week: 8:00 a.m. – 4:30 p.m., Monday through Friday. There may be occasional requests for weekend coverage with compensatory time off. The contract begins July 7, 2021 and ends June 30, 2022. Interns are credited for all state holidays, and ten personal/vacation days per year. Interns may use vacation days or personal days to defend and/or finalize dissertation study and prepare for the national licensure exam. Interns must complete a total of 2000 hours (minus holidays) in order to complete the internship program and are expected to work through the entire contract period.

### **Performance Indicators**

Interns participate in two rotations, one forensic and one civil. During each rotation, they are expected to act as co-facilitators in at least two groups, participate in three hours per week of didactic activities, and after a sufficient orientation and pre-training period, provide a minimum of 15 face-to-face contact hours with patients (including individual therapy, group therapy, testing, and treatment team meetings). Interns are also expected to attend a minimum of two hours per week of individual supervision. Over the course of the year, interns are expected to complete at least 10 assessments. Research and teaching opportunities are also available. This agreement provides for the following:

1. RPC's standards for the internship are based on APPIC and APA's policies and guidelines, including APA's Code of Ethics.
2. RPC will provide at least two fully licensed doctoral-level clinical psychologists to supervise the intern. The intern will receive a minimum of four hours of supervision including at least two hours of individual supervision per week and one hour of group supervision per week.
3. A psychologist supervisor will countersign all intake assessments and psychological evaluations entered by the intern into patient medical records. Documentation on patient contacts will be randomly sampled for additional review and countersignature.
4. A formal written evaluation of the intern's work will be provided to the school at the end of each intern's six-month rotation. Intern progress is informally reviewed on a quarterly basis in order to provide valuable feedback at the midpoint of each six-month rotation. Other communication between the intern's school, employer, and the RPC assigned supervisor/Training Director will be arranged as necessary or requested by either party for the purposes of maintaining the quality of the internship and the welfare of patients.

5. Any changes in curriculum or staff that affect the intern will be communicated to the intern and the school as soon as possible.
6. RPC will assign patients to interns in a manner that is appropriate to the learning needs of the intern.
7. Interns are expected to work approximately 40 hours per week at an agreed upon schedule. Interns will be credited all state holidays, will be given ten personal/vacation days. Interns will have access to office space, a computer, supplies, and testing materials as necessary to perform their duties.
8. Interns are expected to arrive to work on time and work the entire time they are scheduled for. Interns are expected to follow all RPC policies and procedures. If the intern needs to call out of work or have a delayed start time, they will follow the Psychology Department procedures.
9. RPC may request withdrawal of the internship due to unsatisfactory clinical performance, mistreatment of patients, or failure to follow RPC policies and procedures in accordance with the Due Process procedures of the internship program. Grounds for any potential dismissal will be put in writing and discussed with the appropriate parties at the intern's school. Remedial action will be considered prior to any such dismissal.
10. Interns are provided \$40,000 as an annual stipend.
11. The federal and State of Maine statutes, guidelines, and policies applicable to mental health programs shall apply to all persons, including interns, who are also subject to the conditions of this agreement.

**Contract Administrator**

The Contract Administrator: Jennifer Gagnon, Financial Analyst

Director of Psychology: Lorraine Zamudio, Psy.D.,

Internship Training Director: Michael Broderick, Ph.D.

This contract is a collaborative agreement between Riverview Psychiatric Center (RPC), your educational institution, Maine Staffing Group (MSG), and \_\_\_\_\_ (intern) for the purpose of providing a Clinical Psychology internship.

RPC Contact Administrator, Jennifer Gagnon – Financial Manager

Signature and Date: \_\_\_\_\_

**RPC Psychology Intern**

Signature and Date: \_\_\_\_\_

**Riverview Psychiatric Center  
Intern Protocol to Maintain Patient Confidentiality**

Interns will read and sign off on RPRC Policies and Procedures related to patient confidentiality. These are provided in the new internship program binder and are available on the RPRC common drive.

Interns will attend the state of Maine/DHHS Confidentiality presentation at RPRC on two occasions over the course of their academic year at RPRC. Presenter is *Stacey Mondschein, Director of Healthcare Privacy*.

Interns are required to set up email with a signature and confidentiality statement in the first two weeks of internship. Interns will make every effort to protect patient information. Psychological reports and notes will be stored for editing on the psychology department common drive rather than transmitted or shared via email. All email correspondence related to patients will be de-identified. There will be no patient name, birthdate, social security, family names, or medical record number. When sensitive patient information is transmitted, in addition to being de-identified, it will be password protected.

The psychology department administrators/supervisors will be provided with encrypted thumb drives for the storage of patient reports and data related to doctoral intern trainings.

Questions and concerns related to confidentiality should be directed first to your primary supervisor and then to Amy Tasker (Medical Records) and Lauren Wilcox (HITech Manager, administration RPRC).

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Employee Signature

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Date

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Name (Please Print)

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Supervisor/Designee Signature

---

Date

Resource: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/mhguidance.html>

## APPENDIX E: AVAILABLE RPC PSYCHOLOGICAL TEST MEASURES

<b>RPC Test Measures</b>
Adaptive Behavioral Assessment System 3 <sup>rd</sup> Edition
Beck Anxiety Inventory
Beck Depression Inventory 2 <sup>nd</sup> Edition
Beck Hopeless Scale
Beck Scale for Suicidal Ideation
Behavior Rating Inventory of Executive Function-Adult
Behavior Rating Inventory of Executive Function-Adult Informant Form
Bell Object Relations and Reality Testing Inventory
Bender Gestalt II
Booklet Category Test
Boston Naming Test
Brief Psychotic Rating Scale
Brief Symptom Inventory
Brief Visuospatial Memory Test--Revised
Bush Francis Catatonia Rating Scale
California Verbal Learning Test-2 <sup>nd</sup> Edition
Childhood Trauma Questionnaire
COGNISTAT
Conners Adult ADHD Rating Scales: Long Self-Report (CAARS-S:L)
Conners Adult ADHD Rating Scales: Long Observer (CAARS-O:L)
Conners Adult ADHD Rating Scales: Short Self-Report (CAARS-S:S)
Conners Adult ADHD Rating Scales: Short Observer (CAARS-O:S)
Conners Adult ADHD Rating Scales (CAARS)
Conners Continuous Performance Test II (CPT-II)
Community Outpatient Treatment Readiness Evaluation
Davidson Trauma Scale (DTS)
Dementia Rating Scale-2 (DRS-2)
Delis-Kaplan Executive Function Systems (D-KEFS)

Digit Vigilance Test (DVT)
Dissociative Experience Scale
FAS (Verbal Fluency)
Finger Tapping Test
FrSBe
Gilliam Asperger's Disorder Scale (GADS)
Gilliam Autism Rating Scale, 3 <sup>rd</sup> Edition (GARS-3)
Grooved Pegboard
Halstead Reitan Battery (expanded)
Hare Psychopathy Checklist-Revised
HCR-20
Independent Living Scale
Internalized Shame Scale
Kaufman Brief Intelligence Test, 2 <sup>nd</sup> Edition (KBIT-2)
Lateral Dominance Examination
Level of Service Inventory - Revised (LSI-R)
Millon Clinical Multiaxial Inventory – 4 <sup>th</sup> Edition (MCMI-IV)
Miller Forensic Assessment of Symptoms Test (M-FAST)
Multiscale Dissociation Inventory (MDI)
Minnesota Multiphasic Personality Inventory-3 <sup>rd</sup> Edition (MMPI-3)
Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF)
Montreal Cognitive Assessment (MOCA)
Narcissistic Personality Inventory (NPI-16)
NOVACO Anger Scale (NAS-PI)
Personality Assessment Inventory (PAI)
PAI Interpretive Report Correctional Setting Response booklet
Posttraumatic Diagnostic Scale (PDS)
Psychological Inventory of Criminal Thinking Styles
RBANS (A & B)
RBANS Updated (A & B)
Raven's Progressive Matrices



Rey Auditory Verbal Learning Test (RAVLT)
Rey Complex Figure Test and Recognition Trial (RCFT)
Rorschach Performance Assessment System (R-PAS)
Ruff Figure Fluency Test (RFFT)
Social Phobia & Anxiety Inventory (SPAI)
Social Problem-Solving Inventory-R (SPSI-R)
Speech Sounds Perception Test (SSPT)
Stroop Color and Word Test
Structured Clinical interview SCID-D for Dissociative Disorders
Structured Clinical Interview, Positive and Negative Syndrome Scale (PANSS)
Structured Clinical Interview (SCID-I)
Structured Interview of Reported Symptoms (SIRS-2)
Suicide Probability Scale (SPS)
Symptom Checklist-90-R (SCL-90-R)
TCU Criminal Thinking Scale
Thematic Apperception Test (TAT)
Trail Making Test
Trauma Symptom Inventory, 2 <sup>nd</sup> Edition (TSI-2)
Test of Memory Malinger (TOMM)
Token Test
Validity Indicator Profile
Victoria Symptom Validity Test (VSVT)
Visual Search and Attention Test (VSAT)
Violence Risk Appraisal Guide
Wechsler Adult Intelligence Scale-IV (WAIS-IV)
WAIS-RNI
WASI-II
Wechsler Individual Achievement Test, 3 <sup>rd</sup> Edition (WIAT-III)
Wisconsin Card Sort (WCST)
Woodcock-Johnson III Tests of Cognitive Abilities (WJ-III-COG)
Wechsler Memory Scale, 4 <sup>th</sup> Edition (WMS-IV)
Wide Range Achievement Test 5 (WRAT5)
Yale Brown Obsessive Compulsive Scale (YBOCS)

<b>Testing Computer (Desktop)</b>
Classification of Violence Risk (COVR)
California Verbal Learning Test, 2 <sup>nd</sup> Edition (CVLT-II) Scoring Assistant
MMPI II Adult Interpretive System Q Local
PAI Software Portfolio (PAI-SP)
PsychCorpCenter-II (WAIS, WIAT, WMS)
Q-Local 4.2
R-PAS
SAWS-A v 1.1

## APPENDIX F: MAINTENANCE OF RECORDS

All intern records, including formal complaints, are stored in a locked filing cabinet in the Training Director's Office. Supervising psychologists, the Training Director and Director of Psychology are the only individuals who have access to the office and the locked filing cabinet. RPC is working to improve its maintenance of internship records moving from hard/paper copies to electronic records.

## APPENDIX G: RPC TELEHEALTH POLICY

### **RIVERVIEW PSYCHIATRIC CENTER**

**FUNCTIONAL AREA:** Medical Staff **MS.2.10.3**

**TOPIC:** Use of Telehealth

**AUTHORIZATION:** \_\_\_\_\_  
Clinical Director

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Director of Nursing

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#### **I. PURPOSE:**

To delineate policy regarding use of telehealth services at Riverview Psychiatric Center.

#### **II. POLICY:**

1. Riverview Psychiatric Center currently utilizes telehealth services in the context of emergency medical situations, e.g., the COVID-19 pandemic, in order to allow for safe, socially distant (i.e., without face-to-face contact) evaluation and management of patients by their regular treating providers. Telehealth will be provided via State-approved hardware and software only. Approved uses include, but are not limited to: psychiatric assessments, treatment team meetings, follow-up psychiatric evaluations, discharge evaluations, medical assessments, assessments for psychiatric emergencies, and psychological assessments.
2. A telehealth session may be substituted for a regular face-to-face encounter, e.g., weekly rounds. The provider, in conjunction with unit staff, will make a good faith effort to engage a patient in telehealth session and will document a refusal to partake in the progress note.
3. RPC does not utilize telehealth services from “distant site” clinicians for any patients in the hospital presently.
4. Regularly scheduled appointments conducted via telehealth will be scheduled by the provider in coordination with unit staff and the patient. If a patient would like to schedule a telehealth session outside of a regularly scheduled

appointment, (s)he will contact unit staff to coordinate scheduling of the meeting. Unit staff will inform patients of this.

5. All telehealth sessions will be supervised by staff, either in the room or remotely, and the patient will not be left alone with an electronic device.
6. At the beginning of a telehealth encounter (with the exception of an emergency), the provider shall verify the identity of the patient with two identifiers, such as requesting the patient state their name and date of birth. This shall be documented in the medical record.
7. The provider shall note in the medical record that the visit was conducted utilizing telehealth.

- III. RESPONSIBILITY:** Clinical Director
- IV. POLICY STORED IN:** Superintendent's Office, Common Drive
- V. POLICY APPLIES TO:** Riverview Psychiatric Center
- VI. KEY SEARCH WORDS:** Telehealth